

\* SEND CASH AT YOUR OWN RISK.

## 2016 MONTANA SWAN APPLICATION

Applications must be <u>received</u> by FWP no later than 5:00 PM September 1, 2016

MANDATORY INFORMATION Please Print Clearly

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSE SECTION - SWAN
1420 E 6th AVE
PO BOX 8009
HELENA, MT 59620-8009

FWP 2016 FORM/JULY2016

## **NEW**

YOU MUST HAVE BOTH 2016 CONSERVATION AND BASE HUNTING LICENSES TO BE ELIGIBLE TO APPLY FOR THIS LICENSE

| 1017 11 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |                         | ***                  |                                                                                                                                                                                 |        | 1 10000 1 111110       | .ou.ry.             |                                                                                                                      |                   |                 |  |
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| DATE<br>OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                         |                      | DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. Your ALS number is the 1 to 3 digit number that follows your date of birth and is printed on all hunting and fishing licenses. |        |                        |                     |                                                                                                                      |                   |                 |  |
| BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MM                                                                                                                                                                                                                             | DD                      | YYYY                 | ALS                                                                                                                                                                             |        | digit number that foll | ows your date of bi | rth and is printed on all h                                                                                          | nunting and fishi | ng licenses.    |  |
| NAME FIRST MI LAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |                         |                      |                                                                                                                                                                                 |        |                        | JR., SR., ETC.      | ( )<br>HOME PHONE                                                                                                    | (                 | )<br>WORK PHONE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDRES                                                                                                                                                                                                                         | S                       |                      | LAGI                                                                                                                                                                            |        |                        | JK., JK., LTC.      | HOME PHONE                                                                                                           |                   | WORK FIIONE     |  |
| PHYSICAL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                |                         |                      |                                                                                                                                                                                 |        |                        |                     | CITY                                                                                                                 | STATE             | ZIP             |  |
| SAME AS MAILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                |                         |                      |                                                                                                                                                                                 |        |                        |                     | CITY STATE                                                                                                           |                   |                 |  |
| ORIGINAL SIGNATURE OF APPLICANT REQUIRED Do not print. (Faxed or photocopied signature not acceptable) All statements on this form are true & correct. I understand that if I subscribe to any false statement in this application I am in violation of MCA 87-6-302  HUNTER EDUCATION REQUIREMENT: A resident was born after January 1, 1985 must <u>list</u> their Monta Hunter's Education letter & number to the left OR su with this application a copy of the certificate verifying he/she has completed a course in hunter education any other state or province. |                                                                                                                                                                                                                                |                         |                      |                                                                                                                                                                                 |        |                        |                     |                                                                                                                      |                   |                 |  |
| CHOOSE ONLY ONE OF THE FOLLOWING SWAN PERMIT AREAS  Administrative Rules of Montana prohibit the submittal of more than one application per species per individual.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                |                         |                      |                                                                                                                                                                                 |        |                        |                     |                                                                                                                      |                   |                 |  |
| ☐ 481-20 Pacific Flyway (Includes Freezout) - 500 licenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                         |                      |                                                                                                                                                                                 |        |                        |                     |                                                                                                                      |                   |                 |  |
| ☐ 684-20 Central Flyway (Does NOT Include Freezout) - 500 licenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |                         |                      |                                                                                                                                                                                 |        |                        |                     |                                                                                                                      |                   |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OPTIONAL                                                                                                                                                                                                                       |                         |                      |                                                                                                                                                                                 |        |                        |                     |                                                                                                                      |                   |                 |  |
| Do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Do you wish to participate in the bonus point system for Swan this year? YES NO Resident Bonus Point Fee is \$2. Nonresident Bonus Point Fee is \$20.  For questions on how the bonus point system works, call (406) 444-4715. |                         |                      |                                                                                                                                                                                 |        |                        |                     |                                                                                                                      |                   |                 |  |
| * Enclos<br>* Nonres<br>* You ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | sidents mu<br>ay apply fo                                                                                                                                                                                                      | ist pay by<br>or a swan | money or permit in ( | ication fee.<br>der or cashio<br>ONLY ONE (                                                                                                                                     | of the | check.<br>e flyways.   | Make ch             | ST PAY BY MONEY On the payable to: MONT \$5.00 nonrefundable are points: Remember to each of the payable are points. | ANA FISH, WIL     | DLIFE & PARKS   |  |
| "ON LINE" through our Website at <b>fwp.mt.gov</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                |                         |                      |                                                                                                                                                                                 |        |                        |                     | CHECK#                                                                                                               |                   |                 |  |
| * Have y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ou comple                                                                                                                                                                                                                      | eted all of             | the boxes            | and signed                                                                                                                                                                      | you    | r application?         | APPLICATION A       | PPLICATION AMOUNT \$                                                                                                 |                   |                 |  |